

<b>Utah Medicaid Provider Manual</b>	<b>Over-the-Counter (OTC) Drug List</b>
<b>Division of Health Care Financing</b>	<b>Updated July 2001</b>

## OVER-THE-COUNTER DRUG LIST

Revisions to this list are indicated in **bold** print or with **bold lines** around the cell in which a change has been made since this list was last published. Coverage of over-the-counter drugs (OTC) is outlined in SECTION 2 of the Pharmacy Manual, Chapter 2 - 2, *Prescribed Over-the-Counter Products*. In summary, over-the-counter drugs (OTC) are covered **ONLY** when (1) on the Medicaid OTC list and (2) ordered on a written prescription. OTC products may also have restrictions indicated on the chart which include the following:

Brand name allowed: Brand names are covered only when so noted.

Generic equivalent only: Only the generic equivalent of the brand name drug noted is covered. The brand name drug is NOT covered.

Limits: Limits and other criteria may be noted after the drug name.

Not in NH: Drugs marked 'Not in N H' are not reimbursable for patients who are residents of a long term care facility such as a nursing home. When this restriction applies to a drug, all dosage forms apply.

P A (Prior Authorization): When indicated, Medicaid requires prior authorization BEFORE product is dispensed.

**Rebate Agreement**: Manufacturers must sign a rebate agreement with HCFA before coverage is allowed. Many generic companies and most house brands have not signed this agreement.

**Use the 11-digit NDC Code for billing.**

Drug Name	Brand Name allowed	Limits	Not in N H	P A
acetaminophen				
acetone tests (Acetest)	yes		X	
Actifed and generic equivalent	yes			
alcohol swabs			X	
antacid liquid and tablets		- Tums rolls, covered - Tums -500, E-X, and Ultra NOT covered - Mylanta NOT covered		
aspirin including enteric coated, buffered				
Axid AR (package size $\geq$ 30 tablets)	yes			
Benadryl . . . . . <u>generic equivalent only</u>				
Benadryl Allergy Decongestant	yes			
Benylin . . . . . <u>generic equivalent only</u>				
bisacodyl tablets and suppositories				
calcium tabs		oyster shell not covered		
chlorpheniramine				
citrate of magnesia		600 ml, maximum		
Codimal DM (alcohol, dye, and sugar free)	yes			
contraceptive creams, foams, tablets, sponges, and condoms			X	
Dramamine . . . . . <u>generic equivalent only</u>				
Drixoral . . . . . <u>generic equivalent only</u>				
Drixoral syrup (NDC 00086076701)	yes			
DDS caps, liquid, and syrup and concentrate drops 5% (Na+ or Ca++ salt)				
ferrous gluconate 325mg, sulfate 325mg/elixir, 200mg/5c		30 tabs or equivalent		

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<b>Drug Name</b>	<b>Brand Name allowed</b>	<b>Limits</b>	<b>Not in N H</b>	<b>P A</b>
Glucose	yes			
Gyne-Lotrimin . . . . . <u>generic equivalent only</u>				
hydrocortisone cream, ointment, supp.				
ibuprofen				
Imodium AD . . . . . <u>generic equivalent only</u>				
insulin	yes			
insulin syringe with needle-disposable		100/month maximum	X	
kaolin with pectin suspension				
lancets		100/month maximum	X	
Lotrimin, Lotrimin AF . . . <u>generic equivalent only</u>				
Maalox suspension	yes			
MAG-CARB	yes			
milk of magnesia				
Monistat-7 <u>generic equivalent only</u>				
Motrin 15 ml drops: NDC 00045052415	yes			
Motrin 120 ml: NDC 00045019204	yes			
Motrin 120 ml: NDC 00045019240	yes			
Mycelex OTC . . . . . <u>generic equivalent only</u>				
Naldecon DX . . . . . <u>generic equivalent only</u>				
niacin 250mg, 500mg for hyperlipidemia only		(SR, LA forms not covered)		
Nix and generic equivalent	yes			
Pediacare Cough-Cold	yes			
Pedia Relief Cough & Cold	yes			
Pedialyte liquid and generic equivalent	yes	limited to children through age 10		
Pepcid AC (package size ≥ 50)	yes			
Pepto-Bismol and generic equivalent	yes			
Poly Vi Sol				
prophylactics, male, female	yes		X	
pseudoephedrine HCL 30mg, 60mg				
psyllium muciloid powder				
Rid and generic equivalents	yes			
Robitussin . . . . . <u>generic equivalent only</u>				
Robitussin DM . . . . . <u>generic equivalent only</u>				
Senokot 8.6mg tab <u>generic equivalent only</u>				
Tagamet HB and generic equivalent, (package size ≥ 30)	yes			
* Tavist-1 . . . . . <u>generic equivalent only</u>				
Triaminic line and generic equivalent	yes			
triple antibiotic ointment 15gm				
Tri Vi Sol				
urine tests (Clinistix, Clinitest, Diastix, Ketostix)	yes		X	
Zantac 75, package size ≥ 20	yes			